



## Quarterly Doses Administered Report

For **CHIP Provider** use

VFCC PIN #

|                                 |                |
|---------------------------------|----------------|
| Provider or Clinic Name:        | Phone #:       |
| Name of Person Submitting Form: | Quarter /Year: |

### Total Number of Immunization Visits or Encounters

| Age | <1 | 1-6 | 7-18 | >18 | Total |
|-----|----|-----|------|-----|-------|
|-----|----|-----|------|-----|-------|

### Total Number of **CHIP Doses** Administered

| Age   | DTaP | DT | Td | DTaP /HIB | HIB | IPV | MMR | Hep B Peds | Hep B Adult | Hep B /HIB | Hep A Peds | Hep A Adult | Varicella | PCV7 | Influenza | Total |
|-------|------|----|----|-----------|-----|-----|-----|------------|-------------|------------|------------|-------------|-----------|------|-----------|-------|
| <1    |      |    |    |           |     |     |     |            |             |            |            |             |           |      |           |       |
| 1-6   |      |    |    |           |     |     |     |            |             |            |            |             |           |      |           |       |
| 7-18  |      |    |    |           |     |     |     |            |             |            |            |             |           |      |           |       |
| >18   |      |    |    |           |     |     |     |            |             |            |            |             |           |      |           |       |
| Total |      |    |    |           |     |     |     |            |             |            |            |             |           |      |           |       |

→See Instructions on Back

Form 4C 01/02

## **Instructions for Completing Quarterly Doses Administered Report**

Complete and submit this form to the Immunization Program within 15 days following the end of each quarter.

- 1<sup>st</sup> quarter:** January, February, March (Due April 15<sup>th</sup>)
- 2<sup>nd</sup> quarter:** April, May, June (Due July 15<sup>th</sup>)
- 3<sup>rd</sup> quarter:** July, August, September (Due October 15<sup>th</sup>)
- 4<sup>th</sup> quarter:** October, November, December (Due January 15<sup>th</sup>)

1. VFCC Pin #. If you know your VFCC PIN #, enter it; if not, please leave this space blank.
2. Print the name of clinic, the phone number, the quarter and year of this report and name of the person completing this form.
3. On the Total Number of Immunization Visits or Encounters table, enter the number of individuals who received vaccines. Place them in the proper age columns.
4. Place the total number of Immunization or Encounters in the total column.
5. On the Total Number of CHIP Doses Administered table, enter the total number of doses administered to CHIP children, by age and vaccine type.
6. Total the number of doses by age group and vaccine type and place in appropriate total column.

**Use of Doses Administered Tally Sheet is Optional.**

**Please do not return Tally Sheets.**

Mail or fax the Quarterly Doses Administered Report to:

Utah Department of Health  
Immunization Program  
PO Box 142001  
Salt Lake City, UT 84114-2001  
(801) 538-9450  
**FAX: (801) 538-9440**